

Options for Health Benefits while on Leave of Absence for Non-BEACON Agencies

Date: _____ Work Phone: _____

Name: _____ Home Phone: _____

Address: _____

Member ID Number: _____

Employing Unit Name: _____ Group Number: _____

Name of Plan: ☐ PPO Basic 70/30 ☐ PPO Standard 80/20

Type of Coverage: ☐ Employee Only ☐ Employee/Spouse
☐ Employee/Child(ren) ☐ Employee/Family

Leave of Absence Period: From _____ To _____

Type of Leave: ☐ Family Medical Leave Act (FMLA) ☐ Other (please specify) _____

While on leave of absence I wish to:

☐ Cancel my health coverage effective: _____.

☐ Retain my health coverage. My monthly contribution of \$ _____
is due on _____.

☐ Retain my health coverage, but cancel my dependent coverage effective _____.
My monthly contribution of \$ _____ is due on _____.

Please Note for FMLA:

If you wish to maintain health coverage, it is necessary that you continue paying the appropriate premium while on leave. Failure to remit the premium will constitute a voluntary cancellation and forfeit COBRA privileges. If coverage is canceled, it is not reinstated automatically. You must contact your Health Benefits Representative for re-enrollment within 30 days of your return to work. Coverage must be resumed in the same plan, unless the return to work is during the annual enrollment period. If a break in coverage occurs, employees and dependents will not be subject to a waiting period upon re-enrollment. Employees leaving employment during the FMLA period are eligible for COBRA.

Please Note for Other Leaves:

If you wish to maintain health coverage, it is necessary that you continue paying the appropriate premiums while on leave. Failure to remit the premium will constitute a voluntary cancellation and forfeit COBRA privileges. If coverage is canceled, it is not reinstated automatically. You must contact your Health Benefits Representative for re-enrollment within 30 days of your return to work. Coverage must be resumed in the same plan, unless the return from leave is during the annual enrollment period. If a break in coverage occurs, employees and dependents age 19 and older will be subject to a waiting period upon re-enrollment.

I have read and understand the information above.

Signature: _____ Date: _____



Blue Cross and Blue Shield of North Carolina, the North Carolina State Health Plan and North Carolina Health Smart are not affiliated.
Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.